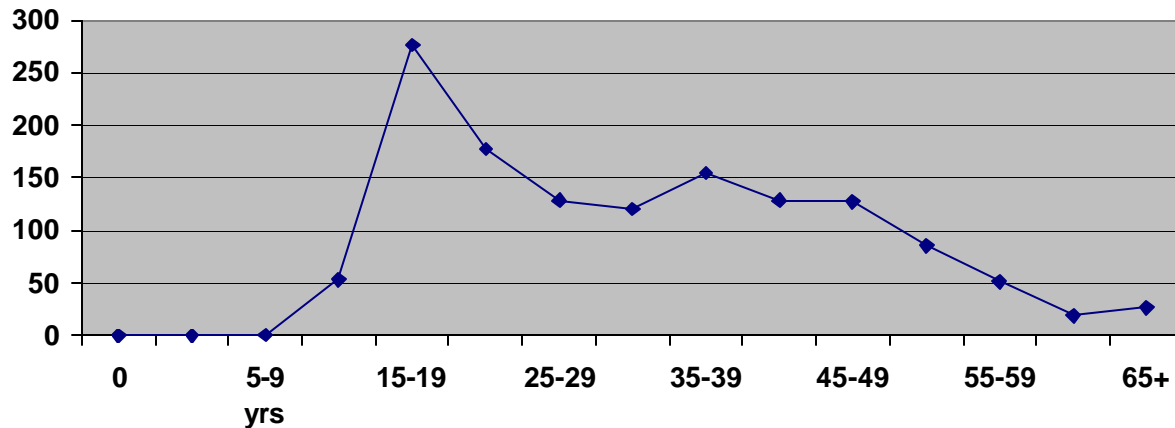


NPM #16: The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Suicide-Related Hospitalizations Rates per 100,000 by Age, 2000



Source: Hospital Inpatient Database, BHI, DHCF, DHFS

The draft *Wisconsin Suicide Report 2000*, reveals that the highest rates of suicide-related hospitalizations in 2000 were seen in the 15-19 age group. As shown, the rates in this age group were higher than in any other age group.

Poisoning was the single most commonly diagnosed injury mechanism in suicide-related hospitalizations in the 15-19 age group. Cut/pierce injury was the second most commonly diagnosed mechanism in the 15-19 age group.

Wisconsin's 2001 YRBS reports that one-fifth of high school students seriously considered committing suicide in the past year. As reported last year, although more males actually commit suicide, female students were significantly more likely than male students to report feeling sad or hopeless and to consider and attempt suicide (see <http://www.dpi.state.wi.us/dpi/dlsea/sspw/yrbsindx.html>).

a) Report of 2002 Major Activities

1. Anticipatory Guidance, Risk Assessment and Referrals—Direct Health Care Services—Adolescents

LPHDs provide comprehensive primary health exams using *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. Anticipatory guidance on mental health, injury and violence prevention are included. Some LPHDs conduct risk assessments for depression for youth and provide appropriate referral and education.

In 2002, approximately 20% of the Title V MCH/CSHCN Program funded MCH Objectives promoted healthy lifestyles among school-age youth. These included mental health individual screenings. The Milwaukee City Health Department worked on understanding the scope, warning signs and symptoms

of mental health problems and on screening and providing follow-up services for school-age youth, as well as conducting group education sessions. The MAHP through its community and school-based clinic services, provided health screens/checks to 4,459 adolescents, including substance abuse and mental health assessments. As a result, 293 referrals were made for services related to mental health, drug, alcohol and tobacco use.

See reference for **Wisconsin Suicide Prevention Strategy** and websites www.dhfs.state.wi.us/dph_emsip/index.htm or www.hopes-wi.org.

2. Training and Presentations to Raise Awareness and Reduce Stigma—Population-Based Services—Adolescents

Numerous educational, awareness presentations and gatekeeper training sessions were conducted. In addition, MHA of Milwaukee developed and distributed brochures and posters on suicide and self-esteem in English, Spanish, and Hmong. Mental Health was a major educational topic provided to 1,871 individuals for the promotion of healthy lifestyles and another 124 were provided education on suicide prevention.

3. Suicide Prevention Initiative —Infrastructure Building Services—Adolescents

The SPI work group continued its efforts. The Wisconsin Suicide Prevention Strategy (www.hopes.org) was published and distributed in May 2002.

b) Current 2003 Activities

1. Anticipatory Guidance, Risk Assessment and Referrals—Direct Health Care Services—Adolescents

At least ten LPHDs will continue to provide comprehensive primary health exams, referral and follow-up services on mental health and injury and violence prevention, to include approximately 2,000 or more youth up to ages 18 or 21. Of these, the MAHP will continue to provide health screens/checks, including substance abuse and mental health assessments to at least 1,210 adolescents in 2003. LPHDs continue to do risk assessments and provide appropriate referral and education. Additionally, the Milwaukee City Health Department continues to focus on the early identification of depression among adolescents and referral to services.

2. Training and Presentations to Raise Awareness and Reduce Stigma—Population-Based Services—Adolescents

Educational and awareness presentations continue (e.g., Cooperative Educational Service Agency (CESA) training, Helping Others Prevent & Educate about Suicide (HOPES) presentations, etc.). The 7th annual Crisis Conference will be held in September, led by the Division of Disability and Elder Services, Bureau of Mental Health and Substance Abuse Services and partners. A keynote and workshops will cover suicide. Winnebago Mental

Health plans to provide professional suicide prevention training. The EMSC and IP Conference, scheduled for October, will include workshops on suicide prevention. The DPI plans to do some training in June and July. Two counties in Wisconsin (Dane and Marathon) will be instituting 1-800-SUICIDE.

3. Suicide Prevention Initiative—Infrastructure Building Services—Adolescents

Wisconsin has applied for a Public Health Prevention Specialist (PHPS) from CDC. We plan to have this individual work on injury related issues, particularly suicide prevention. In addition, the BEMSIP is applying for supplemental funds from the CDC to conduct five regional trainings and one, two-day conference on suicide prevention. A few communities are working at developing coalitions at the local level (e.g., Shawano, Oshkosh).

c) 2004 Plan/Application

1. Anticipatory Guidance, Risk Assessment and Referrals—Direct Health Care Services—Adolescents

We anticipate that the LPHDs will continue as they have done in 2002 and 2003 in providing comprehensive health exams, referral and follow-up. We anticipate that the LPHDs will continue to do risk assessments and provide appropriate referral and education.

2. Training and Presentations to Raise Awareness and Reduce Stigma—Population-Based Services—Adolescents

Outreach/public education efforts will continue to increase awareness and reduce stigma. Our overall goal is to reduce the attempts and incidence of suicide.

3. Suicide Prevention Initiative—Infrastructure Building Services—Adolescents

SPI will continue to work on expanding membership and on providing TA to local communities building collaboratives. We anticipate, with the assistance of the PHPS, the development of evaluation tools and other outcome methods to measure the effectiveness of the Wisconsin Suicide Prevention Strategy.